

BENEFIT PLAN COMPARISON CHART

Benefit Provided	Traditional Medicaid Plan		Mountain Health Bridge Plan Alternative Benefit Plan (ABP)	
	Covered	Service Limits	Covered	Service Limits
Primary Care Office Visits	X		X	
Specialty Care	X		X	
Podiatry	X		X	
Chiropractic	X		X	<i>Limit of 24 treatments/year. Additional 6 treatments per calendar year can be prior authorized if OT and PT services have not been utilized in combination with chiropractic services.</i>
Diagnostic X-ray	X		X	
Outpatient Hospital Services	X		X	
Hospice	X		X	
Nursing Home			Not Covered	
Emergency Room Outpatient Hospital Services	X		X	
Emergency Transportation/Ambulance	X		X	
Inpatient Hospital Care	X		X	
Hospital Inpatient/Maternity	X		X	
Outpatient/Maternity	X		X	
Outpatient Psychiatric Treatment	X		X	
Rehabilitative Psychiatric Treatment	X		X	
Inpatient Psychiatric Hospital	X		X	
Prescription Drugs	X		X	
Physical Therapy	X	<i>20 visits per year (combined PT and OT, additional authorization required over limit)</i>	X	<i>30 visits per year for Habilitative and Rehabilitative services (combined PT and OT)</i>

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Benefit Provided	Traditional Medicaid Plan		Mountain Health Bridge Plan Alternative Benefit Plan (ABP)	
	Covered	Service Limits	Covered	Service Limits
Occupational Therapy	X	20 visits per year (combined PT and OT, additional authorization required over limit)	X	30 visits per year for Habilitative and Rehabilitative services (combined PT and OT)
Speech Therapy	X		X	Habilitative and Rehabilitative services
Cardiac Rehabilitation	X		X	
Pulmonary Rehabilitation	X		X	
Durable Medical Equipment	X		X	
Orthotics and Prosthetics	X		X	
Home Health	X	60 visits per year (additional authorization required over limit)	X	100 visits per year
Inpatient Rehabilitation Hospital Services	X		X	
Laboratory Services and Testing	X		X	
Diabetes Education	X		X	
Early Periodic Screening, Diagnosis, and Treatment	X		X	
Family Planning Services and Supplies	X		X	
Nutritional Counseling	X		X	
Tobacco Cessation	X		X	
Non-Emergency Medical Transport (NEMT)	X		X	
Personal Care	X		Not Covered	